



OFFICE OF THE STATE COMPTROLLER  
815 CMR 6.00

CHARGEBACK DEPARTMENT AUTHORIZATION FORM

PLEASE COMPLETE SEPARATE AUTHORIZATION FORM FOR EACH CHARGEBACK GOOD/SERVICE

[The following information will be appear on the ACSI and the CHBK Tables on MMARS]

FISCAL YEAR: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

Master ISA Number: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DEPT. CONTACT PERSON: \_\_\_\_\_ [person to be listed on the MMARS screen]

TELEPHONE: ( ) \_\_\_\_\_ ext. \_\_\_\_\_

DESCRIPTION OF CHARGEBACK GOODS/SERVICES: \_\_\_\_\_

[NOTE: if any of the following "optional" information is not applicable or unknown leave blank]

OBJECT CODE(S): \_\_\_\_\_ [this may be changed]

FUND: \_\_\_\_\_ PROGRAM: \_\_\_\_\_

RSRC/SUB (revenue source code/sub rev code): \_\_\_\_\_

PPROPRIATION/SUB (receipt account number/subsidiary): \_\_\_\_\_

ORGN/SUB (optional, department org code/subsidiary to receive revenue): \_\_\_\_\_

REPT CAT (optional, reporting category): \_\_\_\_\_

TYPE (optional, P-Project; C-Client; G-General reporting category) \_\_\_\_\_

PRJ/CL/GRC (optional: general reporting category/project codes) \_\_\_\_\_

SPECIFIC LEGISLATIVE AUTHORIZATION TO CHARGE FOR GOODS/SERVICES: \_\_\_\_\_

CHARGEBACK TYPE (check one option only):

- ☐ Statewide (SW) (mandated charges, all depts)  
☐ Ad Hoc (AH) (upon request, depts only)  
☐ Public Fee (PF) (upon request, depts & gen public)

BILL FREQ: A Ad Hoc (manual entry as required) \_\_\_\_\_ (Please Note: Departments may request M-Monthly; Q-Quarterly; S-Semi-Annually or Y-Yearly Automatic Billing Frequency options if department is capable of pre-determining chargeback amounts for these periods and only limited adjustments will be needed at end of fiscal year.)

- PLEASE ATTACH:
1. Photocopy of specific legislative authorization to charge for identified goods and services.
  2. Listing of per unit rates for chargebacks or formula for establishing rates, including any supporting documentation.
  3. Completed On-Line Access Request Form for each NEW individual to receive D-16 Security that did not receive D-16 security in the prior fiscal year.

EASE SUBMIT COMPLETED FORMS TO:

THE OFFICE OF THE STATE COMPTROLLER  
ATTN: LEGAL Room 909 One Ashburton Place Boston, MA 02108 (617) 727-5000 ext. 218.